



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

NOTICE OF ALLOWANCE AND ISSUE FEE DUE

HM12/0828

ROBERT L KNECHTEL
1105 MORaine DRIVE
WOODSTOCK IL 60098

ROBERT L KNECHTEL (36845)
[Signature]

11/28/01

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/347,714	07/03/99	008	KIM, V	1614 08/28/01
First Named Applicant	VARBEROUGH,			
	35 USC 154(b) term ext. = 0 DAYS.			

TITLE OF INVENTION URUSHIOL INDUCED CONTACT DERMATITIS AND METHOD OF USE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1	514-561.000	L28	UTILITY	YES	\$620.00	11/28/01

ROBERT L KNECHTEL

**THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT.
PROSECUTION ON THE MERITS IS CLOSED.**

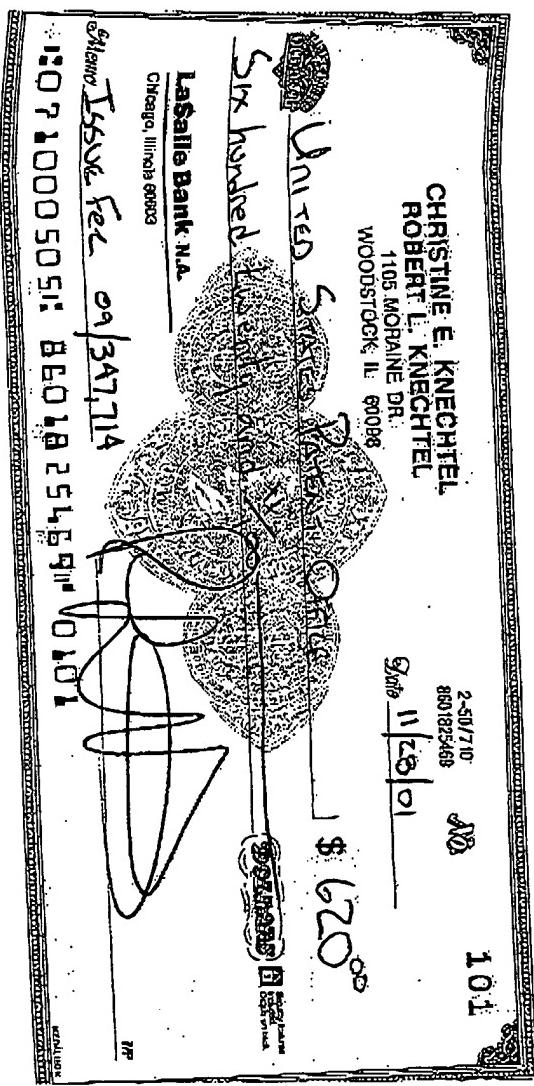
THE ISSUE FEE MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED.

HOW TO RESPOND TO THIS NOTICE:

- I. Review the SMALL ENTITY status shown above.
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 - B. If the status is the same, pay the FEE DUE shown above.
 - If the SMALL ENTITY is shown as NO:
 - A. Pay FEE DUE shown above, or
 - B. File verified statement of Small Entity Status before, or with, payment of 1/2 the FEE DUE shown above.
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- III. All communications regarding this application must give application number and batch number.
Please direct all communications prior to issuance to Box ISSUE FEE unless advised to the contrary.

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Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Robert L. Knechtel
1105 Moraine Drive
Woodstock, IL 60098

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Data)

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09/347,714	07/03/99	008	Kim, V	1614
First Named Applicant Yarbrough				

**TITLE OF
INVENTION**

JURUSHIOL INDUCED CONTACT DERMATITIS AND METHOD OF USE

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1 514-561.000			Utility	Yes	\$620.00	11/28/01
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.369). Use of PTO form(s) and Customer Number are recommended, but not required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.			<ol style="list-style-type: none"> 1 _____ 2 _____ 3 _____ 			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.			4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____			
(A) NAME OF ASSIGNEE WILLIAM M. YARBROUGH FOUNDATION, THE			4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE AN EXTRA COPY OF THIS FORM)			
(B) RESIDENCE: (CITY & STATE OR COUNTRY) PEORIA ILLINOIS 61615			<input type="checkbox"/> Individual <input type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government			
Please check the appropriate assignee category indicated below (will not be printed on the patent)						
<input type="checkbox"/> Individual <input type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government						

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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\$620.00 01/11/2002

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